FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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OCT 1		11									
		OR PRINT	FIRST		MIDDLE		LAST	20 DATE OF DEATH		DAY YEAR	26 HOUR
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	3 SE	X		4 RACE		5 DATE (OF BIRTH	& AGE (IN YEARS LASTE	BIRTHDAY	IF UNDER 1 YEAR	IF NITE A
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30		RTHPLACE , ATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 A A D D 16	ED NEVERMARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
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N. E	10 C	ITY OR TOWN OF	DEATH			NG HOME	OR OTHER INSTITUTION	12a USUAL OCCUPA			F BUSINESS
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5.6		STATE	13b COU		13c CITY OR TOW	VN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS			
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DHMH = 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO TO SED NAME 20 DATE KNOWN THE OF 0848 DEATH MATED 2, AND 3 TO THE FUNERAL DIRECTOR 3. RETAIN PAGE 5-FOR YOUR FILES. 2. SHOULD BE FILED, WITHIN 72 HOURS AL RECORDS, 72(W. PRESTON STREET Ellen Mary Balslev 3 SEX 4 RACE 6 AGE IN YEAR IF UNDER 1 YR IF UNDER 24 HRS DATE MONTH PRONOUNCED 0845 DEAD 24. Female White 191B 74 YRS TO BIRTHPLACE ISTALL OF 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY Maryland

O CITY OR TOWN OF DEATH DIVORCED I NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS FOR MO T OF WORKING LIFE OR INDUSTRY (IF NOT IN SUCH FACILITY GIVE STREE ADDRESS) Friendsville Route 1 Homemaker Own Home 1136 COUNTY 3a STATE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Isabella YES S NO 2 SI 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME B. GIVE PAGES 1, WITH FORM PM II. PAGES 1 AND 2 DIVJSION OF VITA FIRST LAST Malinda Uphold Jacob iane Castee. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 7 INFORMANT 220 Main Street, P.O. 74 18. GIVE 172-10-2828 Isabella, PA 15477 Ross Balsley TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS SECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN TIEM 18. GASE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITHOUR AND INTECTOR PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PARTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVALUMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 | 0 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORM 20 AUTOPSY? YES [] NO V 21g EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 21f LOCATION STREET FACTORY FARM FTC : CITY OF TOWN COUNTY STATE WHILE AT WORK AT WORK Inspection L 220 I certify that I taak charge of the remains described above, held an Autapsy and in my apinian Natural causes death resulted fram Accident Hamicide L Undetermined manner TITLE (SPECIFY pun SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION 23¢ NAME OF CEMETERY OR CREMATORY 10/4/87 Blooming Rose Gemetery Friendsville, Burial Garrett 25b REGISTRAR S SIGNATURE 24 KUNERACDIRECTOR 250 DATE REC'D. BY REGISTRAR HANFIG ina Deproyon Roadalls (VR A15 ME (5)) Grantsville.

FOR STATE REGISTRAR DECEASED NAME (TYPE OR PRINT) RECTOR IR FILES. HOURS STREET. NATHAN CRISS DATE OF BIRTH YEAR DIRECTOR NO. ST. P. ST. JAN. 26, MAT.T CHITTON 1954 Th CITIZEN OF WHAT COUNTRY? To BIRTHPLACE CHATE OR

MAR VI.A

McHenry

George

10 CITY OR TOWN OF DEATH

TO THE FUI N PAGE 5.1 BEFILED, M DS, 201 W.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO 20 DATE KNOWN X OF DEATH MATED BROWNING 1019 87 IF UNDER 24 HRS 28 HOUR 2c DATE LAST BIRTHDAY

PRONOUNCED DEAD 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED

DIVORCED X Garrett County WIDOWED . 120 USUAL OCCUPATION TYPE OF WORK 126 KIND OF BUSINESS 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

(IF NOT IN SUCH FACILITY GIVE STREET AD IRESS) FOR MOST OF WORKING LIFE Star Rt. #2, Box 31-A Dispatcher

OR INDUSTRY Sheriff's Dpt.

> APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

10 - 11 - 87

10 19 87

ADDRESSPt. 5 Box 235

USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STATE 1136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? [13e STREET ADDRESS Star Pt. 2 Maryland McHenry Box 31 A 21541 Garrett YES [NO X 15 MOTHER'S MAIDEN NAME FIRST

160 WAS DECEASED EVER IN U.S ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO. LYES, NO. OR UNKNOWNI LIE YES GIVE WAR OR DATEST Mary M. Browning - Oakland, Md. 21550 220-58-0621

IISA

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY Gunshot wound of head IMMEDIATE CAUSE (0)_ DUE TO, OR AS A CONSEQUENCE OF

Browning

Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last

Mortimer

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEALN BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a

190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?

21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING X OR P.M. 10-10- 1087 Self-inflicted.

CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED AT WORK AT WORK

TIE PLACE OF INJURY (AT HOME STREET FACTORY FARM ETC I home

IT LOCATION

Mary

Star Rt. #2, Box 31-A, McHenry, Garrett,

Margaret

deoth resulted from Homicide . Undetermined manner Natural causes TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER SIGNATURE

Mario F. Golle, Jr., M.D. EXAMINER'S NAME TYPE OR PRINT

220 I certify that I took charge of the remains described above, held on

111 Penn St., Balto., MD 21201

23n BURIAL CREMATION REMOVAL 23h DATE 10/15/87

Hoves Cemetery

23¢ NAME OF CEMETERY OR CREMATORY

23d LOCATION

(rural) McHenry Garr.

Durst Funeral Home -Oakland, Md. 21550 250 DATE REC'D BY REGISTRAR

07 84

DHMH = 17 (VR A15 ME (5))

TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDI IG THE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDI. TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AS A PIPAL RETRE DEATH, WITH THE STATE DEPARTMENT OF HEALTH BALLIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION.

CERTIFICATION

istic a team a area a THE STATE OF THE S 201 12 MES / C LEAD ST 120

STATE OF MARYLAND 071218 NOVI-987 RAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO. MIDDLE L DECEASED NAME 20 DATE KNOWN 26 HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED Martha Casteel DATE OF BIRTH 4 RACE 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c DATE 2d HOUR LAST BIRTHDAYL PRONOUNCED 1987 Aug. 20, 1899 Eemale White Oct. 30 DEAD 76 CITIZEN OF WHAT COUNTRY? IN BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY WIDOWED X DIVORCED [Pennsylvania Garrett O CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 20 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) Frostburg RD 2, Box 518 Housewife In Own Home AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 136 COUNTY Allegany Route 8, Box 200, Valley Road Maryland Cumberland YES [...] 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME LAST EIRST John S. Marks Ida Mav Burkhart 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS LYES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 217-10-6636 Kenneth W. Casteel, RD 2. Frostburg. Md. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY A. S. C. V. D. IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 G 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES . NO K 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM TB PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED THE PLACE OF INJURY (AT HOME 211 LOCATION STREET FACTORY FARM ETC) STREET CITY OR TOWN WHILE AT WORK PAGE 4 SHOULD BE FORN TO FUNERAL DIRECTOR: P AFTER DEATH WITH THE ST BARTIMARE, MARYLAND. 27a I certify that I took charge of the remains described above held an Inspection X death resulted fram. Natural causes Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE 10-30-1987 Deputy SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Francisco Reves MD (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23C NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial Nov. 2, 1987 Sunset Memorial Park Cumberland Allegany 24 FUNERAL DIRECTOR BY REGISTRAR DHMH- 17 James F. Scarpelli, Cumberland, Md. 21502 (VR A15 ME (5)) 15M 2/80

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filled in by the funeral directar page 3 auld be filed within 72 hours after death

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALTYGIRNE

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10°CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME C		12a USUAL OCCUPA	TION		OF BUSINESS
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DHMH 16 60M 7/84

TO FUNERAL DIRECTOR. After this certificate has been signed by the after should be detached for use as the burral-transit permit. Then please remove with the State Dept. of Health and Mental Hygiene prior to burral, cremation.

BP_

(VRA 15, 4)

Robert M. Durst - Oakland, Maryland 21550

was Davidson fordate

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ofter death Page 4 may

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TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the deoth certificate be executed within

etoined by the hospital or attending physician.

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

FOR - STATE

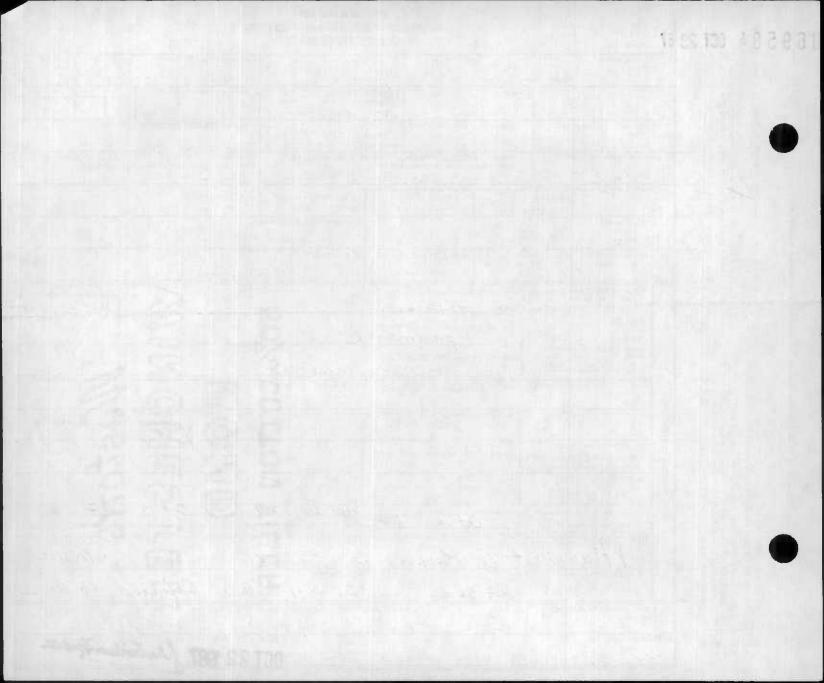
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL MYGIENE CERTIFICATE OF DEATH

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	DECEASED NAME	FIRST		MIDDLE		AST	REG N		OAY YEAR	26 HOUR
(1)	YPE OR PRINT)	Frede	rick		Evar	2.0	Oct 1	5 19	07	2.208
3 5	SEX	1	RACE		5. DATE C		6 AGE (IN YEARS LAST BE		IF UNDER ! YEAR	IF UNDER 24 HRS
					MONTI			une l	MONTHS DAYS	HOURS MIN
	Male BIRTHPLACE (STATE O	R FORFIGN 7	Whi	T.E. WHAT COUNTRY?	12	21 1902	9 BALTIMORE CITY	YRS PROUNTY	OFDEATH	
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-	W.Va	FATU 1		SA	WIDOWE	DR OTHER INSTITUTION	120 USUAT OCEUPA	Co/	Tim Kinin C	OF BUSINESS OR
1	CITY OR TOWN OF D	EAIH		H FACILITY, GIVE STREET		DR OTHER INSTITUTION	(TYPE OF WORK FOR MOST			DE BUSINESS OR
	Oakland		Gar	rett Co	Mer	n. Hospital	Miner		Coa	
130	UAL RESIDENCE (# NO	IRSING HOME OR O		GIVE RESIDENCE BEFOR		113d INSIDE CITY LIMITS?	13e STREET ADDRESS	-	1	200
	Md	Garr	ett	Kitzmi	ller	YES NO	Star R	t. 0	415-	28
_	FATHER'S NAME					15 MOTHER'S MAIDEN NA	ME			
	Peter		aham	Evans		Mintie	WIODLE	C	aholl	ST
_	WAS DECEASED EVI			16b. SOCIAL SECU	JRITY NO	17 INFORMANT	ADDR		chell	
1.00	(YES, NO OR UNKNOWN)		WAR OR OATES)							
	NO			215 07	198	Birtie Sha	irpless	Star_	Rt. Swa	anton, Mo
		WAS CAUSED		line for (01, (b), on	id (c)				BETWEEN	ONSET AND DEATH
	PARTI. DEATH	IMMEDIATE		Sepsis					Sept	20, 198
			DUE TO, O	R AS A CONSEOU	ENCE OF				/	11
	Conditions, if a	ny, which	((b)	pnuer		a				
1	gove rise to i	mmediate	DUE TO O	R AS A CONSEOU	ENICE OF					11
13	underlying cou		DUE 10, 0	II & C	1/14/	intection				
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CERTIFICATION	19a DATE OF OPER	PATION	19h COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b IF YES	S, WERE FINDI	NGS USED
E C								IN CERTIF	YING CAUSES	OF DEATH?
- 2	210. ACCIDENT WAS L	ANDERIVIAL	216 TIME C	E INTHION		21c HOW INJURY OCCUR	YES NO		S 🗍	NO 🗌
	OR CONTRIBUTION		110110 1	M. MONTH D	AY YEAR	ZIC HOW INJURY OCCUR	KED (ENTER NATURE OF IN)	URY IN ITEM IB P	PART I ORPART 2)	
N S	(IF EITHER NOTIFY M		P	M	19					
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>	MUITE NO	WHILE D	(Al HOME OIL	Ter Acron, Office	Marin Cicy					
Н	22a.l certify that	(I) (this hospite	ol) ottended th	e deceosed from_		Sept 2019 8	Z. 10	c+ 14	19 87	that (I) (we) lost
	sow the dece		(kt 14 19	87.0	nd that in (my) (our) opinion	death occurred on the	date and hou	r and from the	causes stated
	22b SIGNATURE	(did) (did not	view the body	ofter deoth		DEGREE			1224 DATE	SIGNED
- 1	Vh		I A	1/1	100	ATTENDING PHYSICIAN	MEDICAL _ STA		10/1	1
	1 1 1 13	regulu	u a	frusi	111-		DIRECTOR PHYS	ICIAN 🗌	1011	3/87
	1100		PRINTI			22e ADDRESS	0 7 0	11		. /
	22d PHYSICIAN'S	NAME (TYPE OR								
	22d PHYSICIAN'S	NAME (TYPE OR		3612		311 14 43	3767 00	ite lan	d, 11	d 21550
236	BURIAL, CREMATIO				NAME OF (CEMETERY OR CREMATORY	23d LOCATION	de lun	d, 41	
230	BURIAL, CREMATION		KA1	230		CEMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
	BURIAL, CREMATIO		KAI	230		CEMETERY OR CREMATORY S. Family Cem	23d LOCATION	iller	COUNTY Garre	STATE
24	BURIAL, CREMATION (SPECIFY) Burial			230	Evans	EMETERY OR CREMATORY S Family Cem 250 DAI	23d LOCATION CITY OF TOWN Kitzm	iller	Garre	STATE



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DHMH = 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND

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DEPARTMENT OF HEALTH AND MENTALAYGIENE

-	318	FOR STATE REGISTRAR			DEPA		IEALTH AND MENTALMYG	REG. NO			i	
		CEASED NAME	FIRST	A	MIDDLE	-	IAST	20. DATE OF DEATH	MONTH	DAY	YEAR	2h HOUR
-1	{ TYPE	OR PRINT)	Ferde.	llice	Bery.	le	FOY		10	3	87	2:25 PM
- 1	3 SEX	(4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	[HDAY]	IF UNDE		IF UNDER 24 HRS
		Female		White	2	Oct.	13, DAY 1922 YEAR	64	YRS	MONTHS	DAYS	HOURS MIN
-	7a. BII	RTHPLACE ISTATE	OR FOREIGN	76. CITIZEN OF	WHAT COUNT	RY? 8	D A NEVER MARRIED	9 BALTIMORE CITY O	R COUNT	Y OF DE	ATH	
2		Marylan	ıd	USA		WIDOWE	DI DIVORCED	Garrett Co				MD
5	10 CI	or town of the Oakland		(IF NOT IN SUC	H FACILITY, GIVE ST	REET ADDRESS)	ial Hospital	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O Secretary		IFE) IND	USTRY	Action
7	13a. S	at RESIDENCE (# N TATE aryland	136 COI Gari	YINL	13c. CITY OR T		13d INSIDE CITY LIMITS? YES NO 🖔	13e. STREET ADDRESS Rt. 1, Box	41,	215	531	
4	14 FA	THER'S NAME		WIDDIE	IAST		15 MOTHER'S MAIDEN NA	ME				
2		Harold		MODIE	Friend		Bertha	WIDDLE		Mey	ers	
		VAS DECEASED EV			166 SOCIALS	ECURITY NO.	17 INFORMANT	Rt. 1 ADD	5× 41			
	(1	NO UNKNOWN)	(IF YES, C	GIVE WAR OR DATES)	212-24	-0629	George R. Fo				215	531
7	IFICATION	gove rise to couse (o), stunderlying co PART 2 OTHER S	oting the use lost	(c)		TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONI		ES, WERE		IGS USED
	RTIF							YES NO		res 🗌		NO 🗆
7	CERTI	21a ACCIDENT WAS			F INJURY M. MONTH	DAY YEAR	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18	PART I OR	PART 2)	
	ICAL	(IF EITHER NOTIFY A	_	EAIR		19						
	MEDI	216 INJURY OCC	URRED	21e PLACE (OF INJURY REET FACTORY OFF	ICE FARM ETC)	216 LOCATION STREET	CITY OR TO	WN	(0	UNIY	STATE
				pital) attended the	e decensed fro	m /6	1/1 10 8	7 10 10 1	13	10 5	7	that (I) (we) lost
		sow the dece	eased alive o	10/	31		nd that in (my) (aur) opinion	death accurred on the do	ote and ha	our and fi	7	
Ч		226 SIGNATURE	77	A)	· hu	,) ,	DEGREE ATTENDING	MEDICAL STAT	· F	22	DATE	SIGNED
,		and principles	of citte	11 ous	cull	/ "	PHYSICIAN D	MEDICAL STATE	IAN []			
		Mark Do	/.				Mt. Lake P	ark. MD				
-	23a B	URIAL CREMATIC	/	2	12	3 NAME OF C	EMETERY OR CREMATORY	23d LOCATION				
		Burial		10-6-1			ring Cemetery	CITY OR TOWN	110	Carr		ME
	24 FJ	NERAL PIRECTOR	50	1 20 0 .		Daria De		E REC'D. BY REGISTRAR				URE DO
	1	Naght .	11.6	imari	Grant	Cvillo	MD OCT		whis D		1-1/a	three-

DCT 07 287, Carter Spare

retained by the haspital or attending physician.

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DHMH - 16 50M 1/B (VRA 15, 4)

STATE OF MARYLAND

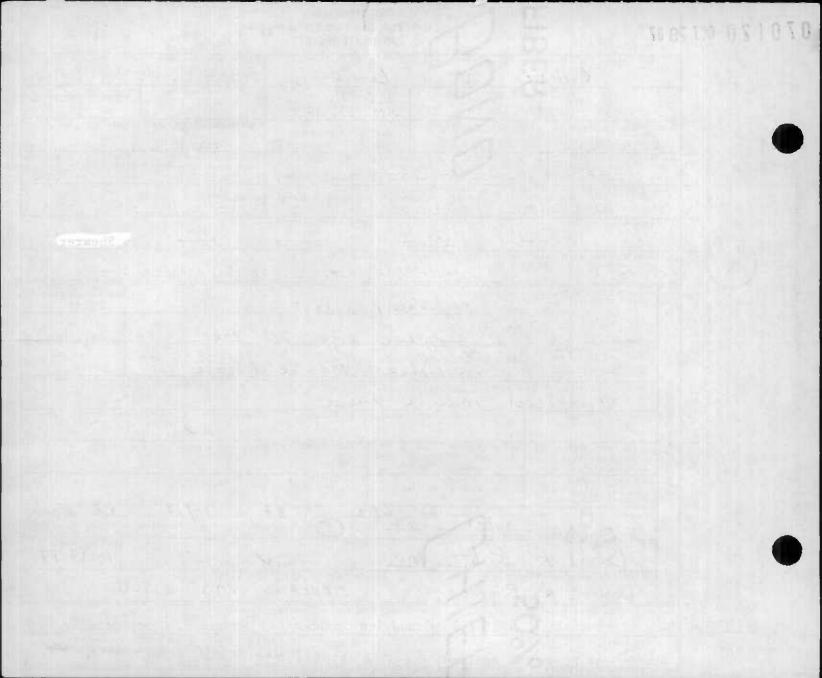
DEPARTMENT OF HEALTH AND MENTAUNYGIENE

001	16	B7 -	FOR STATE REGISTRAR				CATE OF DEATH	REG. N	0	
			CEASED NAME FIRST	WIDOLE		Jö	hnson	20. DATE OF DEATH	MONTH DAY YEAR	2h HOUR
		(1177)	Carl	Eve	rett		hason	Oct. 5	1987	8:50m1
		3. SE		4 RACE		5. DATE OF		6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR	
			27. 2	****		MONTH	DAY YEAR	67	MONTHS DATS	HOURS MIN
	01	7g. BI	RTHPLACE ISTATE OR FOREIGN	White		Sept		9 BALTIMORE CITY C	OR COUNTY OF DEATH	
	one		COUNTRY)	TTOLA			NEVER MARRIED			
	0	10 C	TY OR TOWN OF DEATH	USA 11 NAME OF HOSPIT		WIDOWE	ROTHER INSTITUTION	Garret 120 USUAL OCCUPAT		OF BUSINESS OR
,	i i	Tio C	IT OR TOWN OF DEATH	(IF NOT IN SUCH FACILIT			K OTHER INSTITUTION	TYPE OF WORK FOR MOST C	OF WORKING LIFE) INDUSTRY	
	0		Oakland /	Garrett			emorial	Labor	Тех	rtile
	5/ /	13a S	AL RESIDENCE (# NURSING HOME STATE 13b. CO	OR OTHER INSTITUTION, GIVE RES UNITY 13c. CI	TY OR TOWN		13d INSIDE CITY LIMITS?	13e STREET ADDRESS	691	00.00
1			WV. T	ucker Th	omas.		YES NO X	Rt. 1	1	1997
,	0///	14. FA	THER'S NAME				15 MOTHER'S MAIDEN NA			
1	×	ľ	Louis	MIDOLE	hnson	,	Iva	WIOOFE	Dun	nire
9	100	16a V	VAS DECEASED EVER IN U.S.		OCIAL SECURI		17. INFORMANT	ADDRI		
e medic	3	(res, no or unknown) (if yes, i	GIVE WAR OR DATES)	-32-4	818	Shirley S	immons Th		
,	E/		18 CAUSE OF DEATH Enter	anly ane cause per line for	(a), (b), ond	(c) 1			APPRO	NONSET AND GEATH
even			PART 1. DEATH WAS CAU	ATE CAUSE (a)	Elen	a m	Mumane	×	4	days
	o tic			DUE TO, OR AS A	0	V				
	E .		Canditians, if any, which	(ib)	CONSCOULT	4CE 01				
7 950			gave rise to immediate cause (a), stating the							
or othe			underlying cause last	DUE TO, OR AS A	CONSEQUEN	ICE OF				
	χ.	-	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIB	UTING TO DE	ATH BUT I	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PART 1	10
Jul.		CERTIFICATION		ongestita		wy g	far lure	freund of	ailure.	
(na	1	8	190 DATE OF OPERATION	196 CONDITION F	OR WHICH O	PERATION	WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE FIND IN CERTIFYING CAUSE	
O WS	1	E	4-20-8:	7 Remo	ral e	rice	y embalu	HES NO	YES [NO 🗌
n 18 st	7	4	71a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF				FIE HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART 2)	
The	1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINATION OF THE PROPERTY OF THE P	P.M.	IDV	19	21f LOCATION			
opa	6	ME	WHILE NOT WHILE	(AT HOME STREET FACT		RM, ETC)	STREET	CITY OR TO	OWN	STATE
orke			AT WORK AT WORK				19 0-		arb-1 or	
E SI			22a 1 certify that (1) (this has		ased from	7	1132, 19	, ta	145/ 19 87	, that (I) (we) last
0			saw the deceased alive above, (I) (we) (did) (did	nat) view the bady after d	eath.	, and	d that in (my) (aur) apinion	death accurred an the d	ate and have and Iram th	e causes stated
Ham.	<u>.</u>		126-SIGNATURE	1/		D	DEGREE		22c DAT	ESIGNED
91 .	-		I hay gare	+ Kan	ee1	17.	ATTENDING PHYSICIAN	MEDICAL STA	FF /6	0/5/87
Z	1	1	220 PHYSICIAN'S NAME ITYP				22e ADDRESS	G Different [] Thrist		
1000	ž /			KAISE.	R		311 N 41	21 Ste 3	Calilar	I.Md
	\$		BURIAL, CREMATION, REMOVA	AL 23b DATE	231 NA	AME OF CE	METERY OR CREMATORY	23d LOCATION	COUNTY	STATE
0	1		Burial	Oct.8,19	87 R	Rose	Hill	Thoma		222 1.077
É	31	24 F	JNERAL DIRECTOR				25a DA1	E REC'D BY REGISTRAR	258 REGISTRAR'S SIGNA	TORE WV
-			Lester R.	Hinkle Box	ADDRESS 186	D wi	S LTV OCT	15 1987	in will and my	rinde BP
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STATE	OF	MARYLAND

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70120 OCT:	98	OR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG	FNE / REG. NO.	5 3	1
		CEASED NAME FIRST		MIDDLE		AST	20 DATE OF DEATH MONTH	DAY YEAR	2h HOUR
noy be poge 3		OR PRINT)		Н.	_	PWis	October 17, 198		9:00P M
E D	3 SE	(4 RACE		5. DATE O		6 AGE (IN YEARS LAST BIRTHDAY)	MONTH'S DAYS	IF UNDER 24 HRS
oge 4	2	Female	Whi			1 25, 1897	90 YRS		
a Pog	7a. BI	RTHPLACE (A ATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH	
de ort		Pennsylvania	US.		WIDOWE	DIVORCED	Garrett		MD
è e i	10 C	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME (OR OTHER INSTITUTION	12a USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING I		F BUSINESS OR
S of		Oakland				ursing Home	Housewife		Home
ed within 24 hours the within 25 hours hould be fill the within 27 hours	13a S		AE OR OTHER INSTITUTION OUNTY arrett	13c CITY OR TOW Deer Pa	N	13d INSIDE CITY LIMITS?	Route #4, Box		21550
hin hin	14 F.A	THER'S NAME) beer ru	LIC	15 MOTHER'S MAIDEN NA		3.7	
AR 3		FIRST	MIDDLE	1AS1	_	FIRST	MIDDLE	Shere	
	14- 1	Axel -	A DAMED ECOPCES 2	Alliso		Augusta 17 INFORMANT	ADDRESS	Shere	31
O ×e O		(IF YE	S GIVE WAR OR DATES)						
BALTIMORE.		No		214-74-2	000	Mrs. Emily	Harkin, Atlanta		
BAL Soper		18 CAUSE OF DEATH (Enter PART I, DEATH WAS CA	only one couse per	line for (a), (b), and	dic				MATE INTERVAL ONSET AND DEATH
ST.,			DIATE CAUSE (a)	RESDIRA	fory	accest		Sud	lden
PRESTON ne death ce emove corb motion, or- r traumatic		Conditions, if any, which	(6)_	RAS A CONSEQUE	we.	Right 21	d toe	Day	S
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L RECOIL	CERTIFICATION	198 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	IN CERT	ES, WERE FINDING CAUSES	
VOF VITA VOF		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	F DEATH HOUR A.	DE INJURY M. MONTH DA	YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART OR PART 7)	
DIVISION OF VITAL RECORDS, NG PHYSICIAN The low require of tending physician offer this certificate has been signed by the burial transit permit. Then the and Mental Hygiene prior to be orked or freat 18 shows any injur	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAL 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET FACTORY OFFICE F		21f LOCATION STREET	(ITY OR TOWN	(OUNIY	STATE
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5 p 5 t 3 8		BURIAL, CREMATION, REMO	VAL 23b. DATE	23c N	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
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DHMH - 16 50M 4/83	24 F	JNERAL DIRECTOR		ADDRESS		1 1 1 1 1	E REC'D BY REGISTRAR 256 REGIS	STRAR'S SIGNAL	URE
(VRA 15, 4)	В	radley A. Ste	wart Oa	kland, Ma	rylar	d 21550 UU	2 0 1301		



FOR

Own Home 13e STREET ADDRESS 21550 Crook St. MIDDLE Jane Schrover ADDRESS Rt. Box 360 Darvin R. Reckart, Oakland, MD21550 APPROXIMATE INTERVAL PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY SLATE CITY OF LOWN and that in (ny) (our) opinion death occurred on the date and hour and from the causes stated 27v. DAR SIGNED STAFF PHYSICIAN DIRECTOR PHYSICIAN 230 BURIAL CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY Blooming Rose Cem Burial 10-23-87 Friendsville, 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR na Daydon Randalle Grangtsville, MD

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL MYGIENE

DAY

1987

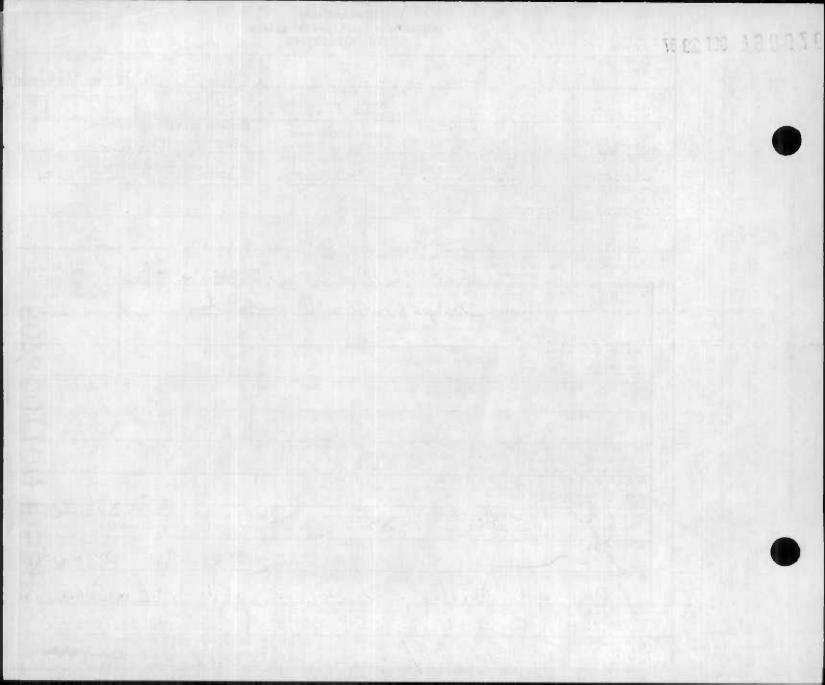
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126 KIND OF BUSINESS OR

DHMH - 16 50M 1/81 (VRA 15, 4)



that the death

TO HOSPITAL OR ATTENDING PHYSICIAN The low requires retained by the hospital or attending physician.

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death. Page 4

ofter

by the funeral director, page 3 ided within 72 haurs after death

by the ottending physicion and sose remave carbon popers. Page

TO FUNERAL DIRECTOR. After this certificate has been agreed by the ottending physicion and should be detached for use as the burial-transit permit. Then please remove carbonpopers. Page with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayal. IMPORTANT: If them 21 is marked or item 18 shows any infury, ar other traumatic event, the media.

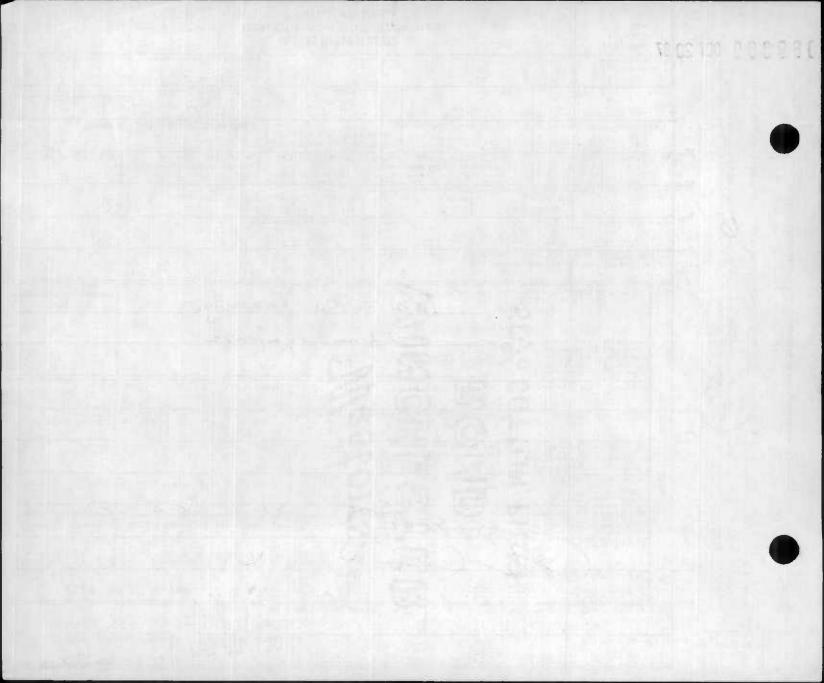
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CENTIFICATE OF BEATH

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December Service Ser	1 - 87	FOR STATE REGISTRAR		DEPART		ICATE OF DEAT		REG NO	7 0 o.	7 1		
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24 FUNERAL DIRECTOR 250 PREGISTRAR 256 REGISTRAR'S SIGNATURE	04.51								0 00 2 2	ccc, mai	y Lain	
Bradley A. Stewart Oakland, Maryland 21550	24 FU								256 REGIS	TRAR'S SIGNAT	URE	

BP. DHMH-16 50M 1/81 (VRA 15, 4)



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Page 4

ang physician and campletely filled in by the funeral director page 3 abangapers. Pages 1 and 2 shauld be filed within 72 hours after death

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE,

1 DECEASE	ED NIAME						REG. N	O.		
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COUNTR	nown		USA		WIDOWE		Garrett			
	Town of DEAT		(IF NOT IN SUCH	FACILITY, GIVE STREET A	ADDRESS)	Hospital	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST)		INDUSTRY	DE BUSINESS
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14 FATHER	'S NAME FIRST Unknown	AAI	DDLE	LAST		IS MOTHER'S MAIDEN NA	MIDDLE		(A ^c	ī
		(IF YES GIVE	WAR OR DATES)	216-40-6		17 INFORMANT	die de	ett - Te		
YG	5	Unkn	OWN	5.FD=0.0=6	2217	Patient rec	ords Vaki	and, Mar	_	
18 C	AUSE OF DEATH	Enter only	one couse per li	ne far (o), (b), and	licin		-	_	BETWEEN	MATE INTERVAL ONSET AND DEA
			CAUSE (a)	carde	a lea	beralon	arrest		5	min
	lerlying cause		(c)	oce to	ya	ration				eek
	-			ATRIBUTING TO D	DEAPH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1	0
Ö	Seni	10	rle men	1-50	11	NOT RELATED TO THE TERM			dice 1	50
TIFICATION	Seni DATE OF OPERATION	le	demen	tra,	athr.		COrdior 8 50 200 AUTOPSY? YES NOR		Ligen ERE FINDIT	S C
STIPLO CERTIFIC	ACCIDENT WAS UNDER	RLYING USE OF DEATH	196 CONDIT	INJURY	OPERATION Y YEAR	rosclaratic	COrdiores	20b. IF YES, W IN CERTIFYIN YES	ERE FINDIR G CAUSES	NGS USED OF DEATH?
WEDICAL WHILE	ACCIDENT WAS UNDER ONTRIBUTING CAI EITHER NOTIFY MEDICA INJURY OCCURRE ORK NOT WHITE ORK AT WORK	RIYING USE OF DEATH	21b. TIME OF HOUR A.M P.M 21e PLACE O	INJURY F INJURY TT. FACTORY OFFICE, FA	OPERATION Y YEAR 19 ARM EIC)	216 HOW INJURY OCCUR	COrdiores	20b. IF YES, W. IN CERTIFYIN YES	ERE FINDIR G CAUSES	NGS USED OF DEATH?
V (IFE 21d. I WMI) AT WC 22a.1	ACCIDENT WAS UNDER ONTRIBUTING CAI EITHER NOTIFY MEDICA INJURY OCCURRE ORK NOT WHITE ORK AT WORK	RIVING UUSE OF DEATH L EXAMINER) D hrs hospital	21b. TIME OF HOUR A.M. 21c. PLACE O LAT HOME STREET	INJURY MONTH DA FINJURY T, FACTORY, OFFICE, FA	OPERATION Y YEAR 19 ARM ETC)	YUSL PROFILE NWAS PERFORMED 216 HOW INJURY OCCUR	200 AUTOPSY? YES NOTE RED (ENTER NATURE OF INJURE) THY OR TO	206, IF YES, WIN CERTIFYIN YES THE TOTAL THE T	ERE FINDING CAUSES	NGS USED OF DEATH? NO that (It (we)
21d. I WHILL AT WC 22o.1	ACCIDENT WAS UNDER ONTRIBUTING CAME EITHER NOTIFY MEDICA INJURY OCCURRE IE NOT WHILE AL WORK certify that (I) (the saw the deceosed above, (I) (we) (dee SIGNATURE	RIYING USE OF DEATH LEXAMINER) D In hespital alive an a	21b. TIME OF HOUR A.M. 21e. PLACE O (AT HOME STREET) of tended the October view the body of the control of the	INJURY MONTH DA FINJURY T, FACTORY, OFFICE, FA	OPERATION Y YEAR 19 ARM EIC) SEPT- and	216 HOW INJURY OCCUR 216 LOCATION TREE1 M DP 725 19 87 d that in (my) (ow) opinion DEGREE ATTENDING PHYSICIAN (200 AUTOPSY? YES NOTE RED (ENTER NATURE OF INJURE) THY OR TO	206. IF YES, WIN CERTIFYIN YES DIRY IN ITEM 18 PART 1	ERE FINDING CAUSES	NGS USED OF DEATH? NO []
21d. I WHILL AT WC 22o.1	ACCIDENT WAS UNDER ONTRIBUTING CAL EITHER NOTIFY MEDICA INJURY OCCURRE LE NOT WHITE AT WORK certify that (1) (4 do book), (1) (we) (4 do book), (1) (1) (we) (4 do book), (1) (4 do	RIYING	21b. TIME OF HOUR A.M. 21e. PLACE O (AT HOME STREET) of tended the October view the body of the control of the	INJURY MONTH DA FINJURY T, FACTORY, OFFICE, FA	OPERATION Y YEAR 19 ARM EIC) SEPT- and	216 HOW INJURY OCCUR 216 LOCATION STREET 216 LOCATION STREET 217 LOCATION STREET 218 ATTENDING PHYSICIAN [5] 220 ADDRESS	200 AUTOPSY? YES NOTE RED (ENTER NATURE OF INJUNE) THE OF THE OPEN OF THE O	20b. IF YES, WIN CERTIFYIN YES	COUNTY d from the 220 DATE 10	NGS USED OF DEATH? NO []

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been significated by detached for use as the bund-transit permit. Then powith the State Dept. of Health and Mental Hygiene prior to bu

TO HOSPITAL OR ATTENDING PHYSICIAN The law

etoined by the hospital or

BP.

attending physician.